Internal Revenue Service LB&I-IIC Team

OCT 0 17 2014 Department of the Treasury - Internal Revenue Service 1040X Amended U.S. Individual Income Tax Return OMB No. 1545-0074 Received ► See separate instructions. 2008 X 2011 2010 2009 This return is for calendar year or fiscal year (month and year ended) Other year. Enter one: calendar year Your social security number Last name Your first name 0937 JUAN D. REYES Spouse's social security number MI Last name If a joint return, spouse's first name 3741 CATHERINE REYES Ant no. Your phone number Home address (number and street). If you have a P.O. box, see instructions. 72 DARTMOUTH STREET State ZIP code City, town or post office. If you have a foreign address, also complete spaces below (see instructions). FOREST HILLS, NY 11375 Foreign postal code Foreign province/county Foreign country name Amended return filing status. You must check one box even if you are not changing your filing status. Caution. You cannot change your filing status from joint to separate returns after the due date. Married filing separately X Married filing jointly Single Head of household (If the qualifying person is a child but not your dependent, see instructions.) Qualifying widow(er) C Correct A Original B Net change amount of amount amount Use Part III on page 2 to explain any changes or as previously increase or adjusted (see (decrease) explain in Part III Income and Deductions instructions) Adjusted gross income. If net operating loss (NOL) carryback is 105,455. 71,533 33,922 included, check here..... 28,003. 149. 27,854 2 Itemized deductions or standard deduction . . . 2 77,452. 71. 384. 6,068 3 Subtract line 2 from line 1..... Exemptions. If changing, complete Part I on page 2 and enter the amount 7,400. 7,400. 4 from line 30 70,052. 71,384 -1,3325 5 Taxable income. Subtract line 4 from line 3....... Tax Liability 6 Tax. Enter method used to figure tax: 9,769. 9,769 6 7 Credits. If general business credit carryback is included, check here. . . 9,769. 9,769 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-9 Other taxes 9,769. 9,769 10 10 **Payments** Federal income tax withheld and excess social security and tier 1 RRTA tax 219. 219 11 withheld (if changing, see instructions)..... Estimated tax payments, including amount applied from 1,340. 1,340 12 prior year's return.... 13 Earned income credit (EIC). 2439 **Exhibit** Schedule M or Form(s) Refundable credits from 8885 or 8839 8863 8812 5405 8801 other (specify): paid On priginal return, and additional tax Total amount paid with request for extension of time to file, ta 15 15 1,559. 16 Total payments. Add lines 11 through 15..... 16 Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.) 1,559. 17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 18 Subtract line 17 from line 16 (If less than zero, see instructions) 9,769. 19 Amount you owe. If line 10, column C, is more than line 18, enter the difference 19 20 If line 10, column C, is less than line 18, enter the difference. This is the propert overpaid on

estimated tax

FDIA1812L

01/19/12

Amount of line 20 you want refunded to you......

BAA For Paperwork Reduction Act Notice, see instructions.

Amount of line 20 you want applied to your (enter year):

21

21

and sign this form on Page 2.
Form 1040X (Rev 12-2011)

	1040X (Rev 12-2011) JUAN D. AND CATHE	ERINE REYES				093	37 Page 2
Par	Exemptions						
ne	plete this part only if you are: treasing or decreasing the number of exemptions (treasing or decreasing the exemption amount for h	personal and dependents) ousing individuals displace	claim ed by a	ed on line 6d of the a Midwestern disaste	return you r in 2008	are ame or 2009.	nding, or
	Form 1040 or Form 1040A instructions and Form 1			A Original number of exemptions or amount reported or as previously adjusted	B Net		C Correct number or amount
23	Yourself and spouse. Caution. If someone can clayou cannot claim an exemption for yourself	aim you as a dependent,	23				
24	Your dependent children who lived with you						
25	Your dependent children who did not live with you due to divorce						
26	Other dependents			1			
27	Total number of exemptions. Add lines 23 through	1 26	27				
28	Multiply the number of exemptions claimed on line amount shown in the instructions for line 28 for the		·				
29	If you are claiming an exemption amount for housing individual disaster, enter the amount from Form 8914, line 2 for 2008, or l	s displaced by a Midwestern					
30	Add lines 28 and 29. Enter the result here and on line 4 on page	e 1 of this form	30				
31		d on this amended return	. If mo	re than 4 dependents	s, see ins	tructions.	
	(a) First name Last name	(b) Dependent's social security number) Dependent's relationship to you	(d) (Check bo:	x if qualifying d tax credit ructions)
Da	t II Presidential Election Campaign Fur	1d			1		
	cking below will not increase your tax or reduce yo						
	Check here if you did not previously want \$3 to go						
H	Check here if you did not previously want \$5 to go Check here if this is a joint return and your spouse	did not proviously want \$	3 to a	to the fund but now	w does		
_		a provided below telluca	uby yo	u are filing Form 100	nx		
Pa					·0X.		
	Attach any supporting documents and n	ew or changed forms and	scrieu	uies.			
Sic	ın Here						
-		4-					
Line	nember to keep a copy of this form for your record ler penalties of perjury, I declare that I have filed a edules and statements, and to the best of my know	n original return and that	l have	examined this amen	ded retur	n, includi	ng accompanyin
pre	parer (other than taxpayer) is based on all informa	tion about which the prep	arer ha	s any knowledge.			~ // ^
Your	Signature 08	<u>1/03/14</u> ▶ <u>C</u> Date Spous	e's signa	hojano ture. If a joint return, both r	must sign	72	2 3/14
Pa	id Breparer Use Only	CTT	MÉV	YOSKOWITZ & A	\	ДТГС	T.T.D
	sidney you know by	Firm's	name (o	r yours if self-employed)		alio,	h. L. L.
Prep	arer's signature			THERN BLVD ST			
51	DNEY YOSKOWIJTZ CPA			ECK, NY 11021	L-4804		
Prin	/type preparer's name	Firm's		, and ZIP code		_	
PC	1418762	Check if self- employed		6) 466-6650			1090
PTIN	1		Phone	number		EIN	
For	forms and publications, visit IRS.gov.					Form 10	40X (Rev 12-201

Case 1:21-cv-05578-MKB-PK Document 22-25 Filed 05/02/23 Page 3 of 13 PageID #: 703

Internal Revenue Service LB&I-IIC Team

OCT 07 2014

_m 1040		ment of the Treasury — Internal R Individual Incor		(99) urn	20	11	OMB No. 1545-0074	4 IRS I Is	e Only	- Do not	write of stanleis	n-this snace
the year Jan 1 - Dec		1, or other tax year beginning	, 2011, en		1		, 20	111003			arate instruct	
Your first name			MI Last i	name					our soci	al secu	rity number	
JUAN D. REY										0	937	
If a joint return, spouse's	first nan	ne	Mi Last	name				3	Spouse's	social s	security number	
CATHERINE RE	EYES									В'	741	
Home address (number a	nd stree	t). If you have a P.O. box, see inst	ructions.				Apartment n	0.	▲ M	ake sı	ure the SSN	(s) above
72 DARTMOUTE		REET ve a foreign address, also complet	e spaces below (see in	nstruction	ns).	State	ZIP code				line 6c are	
FOREST HILLS		-			,.			1.			, or your spouse	
Foreign country name	J, IN	1 11373	Foreign pro	vince/co	untv		Foreign postal co	de	ointly, wa	int \$3 to	go to this fund?	Checking
,								- 11	a box belo refund.	XY	not change your	ouse
	1	Ciarla					Head of househ	old (wi	th qual			
Filing Status	1	Single X Married filing jointly (even i	f auli, and bad income	۵)	4		instructions.) If	the gua	alifying	perso	n is a child	
	2		Married filing jointly (even if only one had income) but not your depende									
Check only	. 3 -	Married filing separately. Er	iter spouse s 55iv and	ove & ru	5		name here					
one box.		name here				لسلسا	Qualifying wide				nt child Boxes checked	
Exemptions	6a	Yourself. If someone	•		-			a		-	on 6a and 6b	
	b.	X Spouse							(4)	<u> </u>	No, of children on 6c who:	
	c	Dependents:			Depender ial secur		(3) Depende relationsh	ent's in	child u	oder	• lived	
					number	,	to you		age qualifyir child ta (see in	ng for	with you ● did not	
		(1) First name	Last name	ļ			-		(see in	istrs)	live with you due to divorce	
				ļ							or separation (see instrs)	
If more than four dependents, see									<u> </u>	1	Dependents on 6c not	
instructions and	,									<u></u>	on 6c not entered above	
check here	J									_	Add numbers on lines	
		Total number of exemption									above	1 2
Income		Wages, salaries, tips, etc.	, ,						· ·	7		0 000
income		Taxable interest. Attach S	,						}	8 a	4	9,299
		Tax-exempt interest. Do i								9a		
Attach Form(s) W-2 here, Also	9a Ordinary dividends. Attach Schedule B if required. b Qualified dividends. 9b 10 Taxable refunds, credits, or offsets of state and local income taxes.									Ja		
attach Forms										10		
W-2G and 1099-R if tax was withheld.												
		Business income or (loss)								11		
If you did not get a W-2,	13	Capital gain or (loss). Att Sch D	if read. If not read, o	k here.						13		
see instructions.	14	Other gains or (losses). A	ttach Form 4797			:			[14		
	15 a	IRA distributions	15a		~ ~	bΤ	axable amount.		[15b		2,188
		Pensions and annuities					axable amount.			16b	2	5,000
		Rental real estate, royalti							-	17		
Enclose, but do not attach, any		Farm income or (loss), At								18		
payment. Also,	19	Unemployment compensa Social security benefits	l anal		1 000	İLT	· · · · · · · · · · · · · · · · · · ·			19 20 b		0 060
please use Form 1040-V.	20 a	Other income	208	34	±, UOU.	10	axable amount.			21		8,968
101111 1040-V.	22	Combine the amounts in the far	right column for lines	7 throu	oh 21. This		ur total income			22	1.0	5,455
		Educator expenses		, , , , , ,	· · · · · · · · · · · ·		23					70,100
Adjusted		Certain business expenses of res government officials. Attach Forr		irtists, a	nd fee-bas	is		-				
Gross							POSTA	AARK	O A To	-		
Income		Health savings account d					75		UATE	R	CEIVED D	Name and Address of the Owner, where the Owner, which is the Own
		Moving expenses. Attach					26 0930			-	OCIAFD D	ATE
		Deductible part of self-employme					28 0930	2014				7 /
		Self-employed SEP, SIMF Self-employed health inst					29			1	00220	. ાઝ્રા
		Penalty on early withdraw					30				~ C ZU	14 ≌
		Alimony paid b Recipient's SSN					31 a	AUS	TINI			131
ļ		IRA deduction					32	- U		EXA	5	<u> </u>
.7		Student loan interest ded						···		-	The state of the s	1
		Tuition and fees. Attach F										Contract of the last
		Domestic production activities de										
	36	Add lines 23 through 35								36		0
		Subtract line 36 from line								37		5,455
BAA For Disclosu	re, Pr	ivacy Act, and Paperwork	Reduction Act	Notice	, see se	oarat	e instructions.	FDI/	N0112L	1/07/11	Form 1	040 (2011

Form 1040 (2011)	JUAN D. AND CATHERINE REYES		0937 Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38	105,455.
edits	39 a Check X You were born before January 2, 1947, Blind. Total boxes		
	if: X Spouse was born before January 2, 1947, Blind. checked ▶ 39a 2	4	
Standard	b If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39 b		
Deduction for —	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	28,003.
People who	41 Subtract line 40 from line 38		77,452.
check any box	42 Exemptions. Multiply \$3,700 by the number on line 6d	42	7,400.
on line 39a or 39b or who can	If line 42 is more than line 41, enter -0-	43	70,052.
be claimed as a	44 Tax (see instrs). Check if any from: a Form(s) 8814 c 962 election		
dependent, see	b Form 4972		9,769.
instructions.	45 Alternative minimum tax (see instructions). Attach Form 6251		0.
All others:	46 Add lines 44 and 45	46	9,769.
Single or Married filing	47 Foreign tax credit. Attach Form 1116 if required	-22	
separately,	48 Credit for child and dependent care expenses. Attach Form 2441	1:37	
\$5,800 Married filing			
jointly or			
Qualifying widow(er),	31 Child tax credit (300 historia)	-33	
\$11,600			
Head of	00 000 00 0		
household, \$8,500	54 Add lines 47 through 53. These are your total credits		0.760
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0		9,769.
Other	56 Self-employment tax. Attach Schedule SE		
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	-	
	b First-time homebuyer credit repayment. Attach Form 5405 if required		
	60 Other taxes. Enter code(s) from instructions	60	
		► 61	9,769.
	62 Federal income tax withheld from Forms W-2 and 1099 62 219		
Payments	63 2011 estimated tax payments and amount applied from 2010 return 63 1,340		1
If you have a qualifying	64a Earned income credit (EIC)		
child, attach	b Nontaxable combat pay election ► 64 b		
Schedule EIC.	65 Additional child tax credit. Attach Form 8812		4
	66 American opportunity credit from Form 8863, line 14 66	1.00	
	67 First-time homebuyer credit from Form 5405, line 10 67		
	68 Amount paid with request for extension to file		
	69 Excess social security and tier 1 RRTA tax withheld 69		
	70 Credit for federal tax on fuels. Attach Form 4136		
	71 Credits from Form: a 2439 b 8839 c 8801 d 8885.		
	72 Add Ins 62, 63, 64a, & 65-71. These are your total pmts.	► 72	1,559.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74	a
	▶ b Routing number	s	-
Direct deposit? See instructions.	► d Account number		
	75 Amount of line 73 you want applied to your 2012 estimated tax ► 75	-	0 000
Amount	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	8,226.
You Owe	77 Estimated tax penalty (see instructions)		
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	omplet	e below. No
Designee	Designee's ► SIDNEY YOSKOWITZ CPA Phone no. ► (516) 466-6650	Perso	nal identification > 18762
<u> </u>	name SIDNEY YOSKOWITZ CPA no. > (516) 466-6650		
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here Joint return?	Your signature Date Your occupation	D:	aytime phone number
See instructions.	PHYSICIAN		
Кеер а сору	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	ļ ļ	the IRS sent you an Identity rotection PIN,
for your records.	HOUSEWIFE	en	nter it here (see inst)
	Print/Type preparer's name Preparer's signature Date Check	if	PTIN
Paid	SIDNEY YOSKOWITZ CPA self-emp	oloyed	P01418762
Preparer's	Firm's name ► SIDNEY YOSKOWITZ & ASSOCIATES, LLP		
Use Only	141113 800:033	s EIN ►	4090
	GREAT NECK, NY 11021-4804 Phon	a no. ((516) 466-6650
			Form 1040 (2011

Form **2210**

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

artment of the Treasury rnal Revenue Service

► See separate instructions.

Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

Attachment Sequence No. 06

Identifying number

Name(s) shown on tax return 937 JUAN D. AND CATHERINE REYES Do You Have To File Form 2210? Yes Complete lines 1 through 7 below. Is line 7 less than \$1,000? Do not file Form 2210. You do not owe a penalty. No Yes You do not owe a penalty. **Do not file Form 2210** (but if box **E** in Part II applies, you must file page 1 Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? of Form 2210). No Yes You must file Form 2210. Does box B, C, or D in You may owe a penalty. Does any box in Part II below apply? Part II apply? Nο No Yes You must figure your penalty. Do not file Form 2210. You are not required to figure your penalty You are not required to figure your penalty because the because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210. not file Form 2210. Required Annual Payment (see instructions) Part I 9,769. 1 Enter your 2011 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040)... 2 Other taxes, including self-employment tax (see instructions)..... 2 Refundable credits. Enter the total of your earned income credit, additional child tax credit, American opportunity credit (Form 8863, line 14), first-time homebuyer credit (Form 5405, line 10), credit for federal tax paid on fuels, adoption credit, refundable credit for prior year minimum tax (Form 8801, line 27), health 3 0. coverage tax credit, and credit determined under section 1341(a)(5)(B) (see instructions)... 9,769. 4 Multiply line 4 by 90% (.90)..... 219. Withholding taxes. Do not include estimated tax payments (see instructions)..... 6 6 7 9,550. Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210 2,856. 8 Maximum required annual payment based on prior year's tax (see instructions)..... 2,856. Required annual payment. Enter the smaller of line 5 or line 8.....

If box B, C, or D applies, you must figure your penalty and file Form 2210.
If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210. Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.

No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.

You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.

You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210. В

Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210. C

Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually D withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

You filed or are filing a joint return for either 2010 or 2011, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are **not** required to figure your penalty (unless box **B**, **C**, or **D** applies). Ε

BAA For Paperwork Reduction Act Notice, see separate instructions.

Next: Is line 9 more than line 6?

Form 2210 (2011)

orm	2210 (2011) JUAN D. AND CATHERINE REYES	093	7 Page 3			
ľ	t IV Regular Method (See the instructions if you a	re fili	ng Form 1040NR or			
Sec	ection A — Figure Your Underpayment		(a) 4/15/11	(b) 6/15/11	(c) 9/15/11	(d) 1/15/12
18	enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column	18	714.	714.	714.	714.
19	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II. Complete lines 20 through 26 of one column before going to line 20 of the next column.	19	725.	725.	55.	54.
20	previous column	20		11.	22.	
21	Add-lines 19 and 20	21		736.	7.7.	54. 637.
22	Add the amounts on lines 24 & 25 in previous column. Subtract line 22 from line 21. If zero or less, enter -0	22	Na colore Hate all col			037.
23	For column (a) only, enter the amount from line 19	23	725.	736.	77.	0.
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	24		0.	0.	
25	Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26. ▶	25			637.	714.
26	Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column.	26	11.	22.		
Se	ction B — Figure the Penalty (Use the Worksheet	for Fo	rm 2210, Part IV, Se	ection B - Figure th	e Penalty in the in	structions).
27	Penalty. Enter the total penalty from line 14 of the Wor Penalty. Also include this amount on Form 1040, line 7 1040NR-EZ, line 26; or Form 1041, line 26.	/; Fo	et for Form 2210, Par rm 1040A, line 46; F	rt IV, Section B - Form 1040NR, line 74	igure the ; Form	\$ 16.

Form 2210 (2011)

2011

Underpayment Penalty Worksheet

Client REYESAMD

JUAN D. AND CATHERINE REYES

093

Required Installment	F	Paymen	ıt	Penalty								
	Date	Туре •	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period				
First Qtr 714.	4/15/11 4/15/11		55. 659.	659.								
Second Qtr 714.	6/15/11 - 6/15/11 6/15/11	-2	11. 55. 648.	703. - 648.			an of to describe					
Third Qtr 714.	9/15/11 9/15/11		22. 55.	692. 637.		0.040	1.05	1.				
Total Rate Change	9/30/11 1/15/12 4/15/12	2	54. 583.				5.60 4.35					
Total Fourth Qtr 714.	1/15/12 4/15/12		714.	714.	91	0.030	5.33	9.				
Tanks in market and the same												
OTAL UNDERPA	YMENT PE	NALT	Y									

^{* 1 =} Overpayment

*** Underpayment x Days Late 366 or 365 x Rate

FDIL1601L 05/03/11

^{2 =} Withholding

^{3 =} Estimate

^{4 =} Extension

^{5 =} Paid with return

SCHEDULE A	4		Itemized Deductions	;			OMB No. 1545-0074
(Form 1040)			nomized Beddenone	•			2011
artment of the Tre	asury vice	(99)	► Attach to Form 1040. ► See Instructions for S	Schedu	ile A (Form 1040).		Attachment Sequence No. 07
Name(s) shown on Fo					Your so		curity number
JUAN D. AN	ID (ERINE REYES				0937
Medical			on. Do not include expenses reimbursed or paid by others.		2 21 5		
and Dental	1		al and dental expenses (see instructions)	1	2,316.	- ,3,	
Expenses	2		amount from Form 1040, line 38		7 000		
	3		ply line 2 by 7.5% (.075)	3	7,909.	,	0.
	4_		ract line 3 from line 1. If line 3 is more than line 1, enter -0			-	0.
	5 a	parameter 1	and local (check only one box):	5	611.		
Taxes You	a b		General sales taxes		011.	· wil	
Paid			estate taxes (see instructions)	6	16,258.		
	7		onal property tax	7	20/		
	8	Othe	r taxes. List type and amount ►				
	Ü			8-		-	
	9	Add	lines 5 through 8	THE WAY THE		9	16,869.
Interest	10	Home	mtg interest and points reported to you on Form 1098	10	10,384.		
You Paid	11	Home	mortgage interest not reported to you on Form 1098. If paid to the person				
			whom you bought the home, see instructions and show that person's name,	1. 11			
		identif	fying number, and address ►				
Note.							
Your mortgage						1.	
interest deduction may							
be limited (see				11			
instrs).			not reported to you on Form 1098. See instrs for spcl rules	12		100	
	13		gage insurance premiums (see instructions)	13			
	14		stment interest. Attach Form 4952 if required.				
			nstrs.)	14		1	10 204
	15		lines 10 through 14			15	10,384.
Gifts to	16		by cash or check. If you made any gift of \$250 or				
Charity		more	e, see instrs	16	750.	1	
If you made	17	Othe	er than by cash or check. If any gift of \$250 or				
a gift and			er than by cash or check. If any gift of \$250 or e, see instructions. You must attach Form 8283 if				
got a benefit for it, see			\$500	17			
instructions.			yover from prior year				
	19	Add	lines 16 through 18			19	750.
Casualty and							
Theft Losses	20	Cası	ualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0.
Job Expenses and Certain Miscellaneous	21	job e	eimbursed employee expenses — job travel, union dues, education, etc. Attach Form 2106 or 2106-EZ if ired. (See instructions.)				
Deductions				21		1	1
	22	Tax	preparation fees	22		1	
			er expenses – investment, safe deposit box, etc. List			1	
			and amount				
		,		23			
	24	Add	lines 21 through 23	24		1	
			amount from Form 1040, line 38 25				
			iply line 25 by 2% (.02)	26			
	27		tract line 26 from line 24. If line 26 is more than line 24, enter			27	0.
04			er – from list in instructions. List type and amount				
Other Miscellaneous						1	
Deductions						28	0.
	20	٨؞٨٠	the amounts in the far right column for lines 4 through 28.				
Total	23		o, enter this amount on Form 1040, line 40			29	28,003.
ltemized Deductions	20		by elect to itemize deductions even though they are less than				
	50	de di	uction, check here	i your s]	

SCHEDULE B		Interest and Ordinary Dividends	-	OMB No. 1545	-0074 1			
artment of the Trea	asury	► Attach to Form 1040A or 1040. ► See Instructions.		Attachment Sequence No.	1 08			
Name(s) shown on retu		Yours	ocial s	security number				
JUAN D. ANI	D CATH	ERINE REYES		0937				
Part I Interest	1 List	t name of payer. If any interest is from a seller-financed mortgage and the buyer used property as a personal residence, see the instructions and list this interest first. Also, by that buyer's social security number and address ►		Amo	unt			
(See instructions for Form 1040A, or Form 1040, line 8a.)	CF	HASE LOYDS BANK TSB		4	29,00	92.		
Note. If you received a Form 1099-INT. Form 1099-ID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1			`		
	2 Ad	d the amounts on line 1	2		49,2	99.		
	3 Ex	cludable interest on series EE and I U.S. savings bonds issued after 1989. tach Form 8815	3					
		otract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4		49,2	99.		
		line 4 is over \$1,500, you must complete Part III.		Amo	unt			
	5 LIS	t name of payer.						
Part II Ordinary Dividends								
(See instructions for Form 1040A, or								
Form 1040, line 9a.)								
Note. If you received a Form			5					
1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer								
and enter the ordinary dividends shown on that form.	<u> </u>							
	6 Ad	d the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a.	6			0.		
		line 6 is over \$1,500, you must complete Part III.						
Part III Foreign	You mu	st complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b ; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.) had	d a foreign	Yes	No		
Accounts and Trusts	7 a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.							
(See		Yes,' are you required to file Form TD F 90-22.1 to report that financial interest or signature orm TD F 90-22.1 and its instructions for filing requirements and exceptions to those require			X			
instructions.)	b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ► Switzerland 8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions							

Sched	ule E (Form 1040) 2011		Attac	hment	Sequence No. 1			Page	2
Name(s	shown on return. Do not enter name and social security number	per if shown on Page 1.			Your social secu	•			
	N D. AND CATHERINE REYES					937			
	on: The IRS compares amounts reported on yo			Schedu	le(s) K-1.				_
Part	Income or Loss From Partnersh Note. If you report a loss from an at-risk 28 and attach Form 6198. See instruction	activity for which any	i tions amount is not a	at risk,	you must check	the box i	n columr	n (e) on line	;
	Are you reporting any loss not allowed in a pri- loss from a passive activity (if that loss was no	or year due to the at-ris ot reported on Form 858	2), or unreimb	tations, ursed p	a prior year una artnership expe	allowed nses?	Yes	X No	_
	If you answered 'Yes,' see instructions before	completing this section.							
28	(a) Name		(b) Ente for partner S for S corporat	rship;	(c) Check if foreign partnership	(d) Empl identifica numb	ation	(e) Check if any amount is not at risk	
A 4	24 AVALINE LLC		P				3603		
	24 AVALINE LLC		P				3603		
	1 AVALINE LLC		P				3789		
D 9	1 AVALINE LLC		P				3789		
	Passive Income and Loss				onpassive Incon			npassive	
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassiv from Schedu		expense ded from Form	luction 4562	incol	me from edule K-1	
_A									—
С									
D									_
	Totals					1 1111			
	Totals.								N.
30	Add columns (g) and (j) of line 29a					30			
31	Add columns (f), (h), and (i) of line 29b					31			
32	Total partnership and S corporation income	or (loss). Combine lines	30 and 31. Er	nter the	result here and	. 32			
Par	include in the total on line 41 below					32			
33	till Income of Loss From Estates a	(a) Name					(b) Emr	oloyer ID no	
		(a) Hamo							
B									
	Passive Income	e and Loss			Nonpa	assive Inc	come and	l Loss	
	(c) Passive deduction or loss allo (attach Form 8582 if required	owed i)	(d) Passive if from Sched		(e) Deduction from Sched	or loss ule K-1	(f) Oth from S	her income chedule K-1	1
Α									
В									
34 a	Totals								
ŀ	Totals			<u>- 5-73</u>	<u>: L</u>		1 1 1 1 1 1		실환
35	Add columns (d) and (f) of line 34a					35			
36	Add columns (c) and (e) of line 34b					36			
37	Total estate and trust income or (loss). Combresult here and include in the total on line 41	below					I Holde		
Pai	t IV Income or Loss From Real Est	(b) Employer	(c) Excess in		(d) Taxable			come from	
38	(a) Name	identification number	from Schedu line 2c (see ins	ıles Q,	(net loss)	from		iles Q, line	
	Combine columns (d) and (e) only. Enter the	regult here and include	in the total ca	ling 41	helow	. 39			_
39	rt V Summary	result here and include	in the total on	1 111116 41	Delow	33			_
40	Net farm rental income or (loss) from Form 4	1925 Also complete lin	e 42 helow			40			_
41	Total income or (loss). Combine lines 26, 32. Form 1040, line 17, or Form 1040NR, line 18	. 37, 39, and 40. Enter	the result here	and on	1	► 41			
42	Reconciliation of farming and fishing income and fishing income reported on Form 4835, libox 14, code B; Schedule K-1 (Form 1120S), (Form 1041), line 14, code F (see instructions)	e. Enter your gross farm ne 7; Schedule K-1 (Fo box 17, code U; and S	ming rm 1065), chedule K-1	12					
43		If you were a real estat income or (loss) you re m all rental real estate	e ported activities	13		-	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	etenje Legentine Legentine	

-^rm 8582

Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service (99) See separate instructions.
 Attach to Form 1040 or Form 1041.

2011
Attachment

Name(s) shown on return		dentifying number
JUAN D. AND CATHERINE REYES		0937
Part 2011 Passive Activity Loss		
Caution: Complete Worksheets 1, 2, and 3 before completing Part I.	ining the second of	I TO I TO THE CONTRACT OF THE
Rental Real Estate Activities With Active Participation (For the definition of active participations) Allowance for Rental Real Estate Activities in the instructions.)	icipation, see Special	
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1 a	
Ta Activities with het moonie (enter the unionit mon variation), solution (ey)		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1ь	The State of the S
Dy lettified with the control and an arrangement of the control and arrangement of the control arrangement of the control arrangement of the control arrangement of the control arrangemen		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)).	1 c	
d Combine lines 1a, 1b, and 1c.		1 d
Commercial Revitalization Deductions From Rental Real Estate Activities		
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	
b Prior year unallowed commercial revitalization deductions from Worksheet 2,		
column (b)	2 b	The second section of the second sections
c Add lines 2a and 2b.		2c
All Other Passive Activities		
3 a Activities with net income (enter the amount from Worksheet 3, column (a))	3 a	
	2.5	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b -35,	790.1
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)).		25 700
d Combine lines 3a, 3b, and 3c.		3d -35,790.
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include to losses are allowed, including any prior year unallowed losses entered on line 1c, on the forms and schedules normally used If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Paterna 3d is a loss (and lines 1d and 2c are zero or more).	art II and go to Part III	l.
Caution: If your filing status is married filing separately and you lived with your spouse Part II or Part III. Instead, go to line 15.		
Part II Special Allowance for Rental Real Estate Activities With Ac		l .
Note: Enter all numbers in Part II as positive amounts. See the instruction		
5 Enter the smaller of the loss on line 1d or the loss on line 4	1 1	5
6 Enter \$150,000. If married filing separately, see the instructions	6	
7 Enter modified adjusted gross income, but not less than zero (see instructions).	7	샤기하는 범인 방송주조
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0-		
on line 10. Otherwise, go to line 8. 8 Subtract line 7 from line 6.	8	
		ns 9
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filling sep 10 Enter the smaller of line 5 or line 9		0
If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part III Special Allowance for Commercial Revitalization Deduction	ns From Rental R	eal Estate Activities
Note: Enter all numbers in Part III as positive amounts. See the example		
11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separat		
12 Enter the loss from line 4		
13 Reduce line 12 by the amount on line 10		13
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13.		
Part IV Total Losses Allowed		
15 Add the income, if any, on lines 1a and 3a and enter the total		15
16 Total losses allowed from all passive activities for 2011. Add lines 10, 14, and find out how to report the losses on your tax return	15. See the instruction	ns to 16
BAA For Paperwork Reduction Act Notice, see instructions.	,	Form 8582 (2011)

Form 8582 (2011) JUAN D. AND CATHE	ERINE REYES					093	7 Page 2
ution: The worksheets must be filed with your ta							
orksheet 1 - For Form 8582, Lines 1			uctions.)				
	Curren	it year		Prior ye	ears	Overall	gain or loss
Name of activity	(a) Net income (line 1a)			(c) Unallowed loss (line 1c)		(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b,							
and 1c. ► Worksheet 2 - For Form 8582, Lines 2	L	struction	ns.)				The state of the s
Name of activity	171 7 2	·	(a) Currededuction	ent year is (line 2a)	u	Prior year nallowed tions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b							
Worksheet 3 – For Form 8582, Lines 3			ructions)		l	L	
Tronsited of Form 0302, Emes		nt year	detions.)	Prior y	ears	Overall	gain or loss
Name of activity	(a) Net income (line 3a)	(b)	Net loss ne 3b)	(c) Unall loss (lin	owed	(d) Gain	(e) Loss
424 AVALINE LLC		<u>`</u>	16,343.				16,343.
424 AVALINE LLC			3,984.				3,984.
91 AVALINE LLC			12,433.				12,433.
91 AVALINE LLC			3,030.				3,030.
Total. Enter on Form 8582, lines 3a, 3b, and 3c. ▶			35,790.				
Worksheet 4 - Use this worksheet if a	an amount is sh	own c	n Form 8	582, line	10 or	14 (See instruction	ons.)
Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Loss	(b) Rati		(c) Special allowance	(d) Subtract column (c) from column (a)
Total	>			1.0	0		
Worksheet 5 - Allocation of Unallowe	ed Losses (See in	nstructio	ns.)				
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a Lo	a) oss		(b) Ratio	(c) Unallowed loss
424 AVALINE LLC	Sch E			16,343.		0.456635	16,343.
424 AVALINE LLC	Sch E 1			3,984.		0.111316	3,984.
91 AVALINE LLC	Sch E			12,433.		0.347388	12,433.
91 AVALINE LLC	Sch E 1	Ln 28		3,030.		0.084661	3,030.

Form 8582 (2011) JUAN D. AND CATHER	INE REYES				937	Page 3
orksheet 6 - Allowed Losses (See instru	uctions.)					
Name of activity	Name of activity Form or schedule (a) and line number to be reported on (see instructions)		(b) Unallowed loss		(c) Allowed loss	
424 AVALINE LLC	Sch E Ln 28		16,343.	16,343	3.	0.
424 AVALINE LLC	Sch E Ln 28	3	3,984.	3,984		0.
91 AVALINE LLC	Sch E Ln 28		12,433.	12,433		0.
91 AVALINE LLC	Sch E Ln 28	3	3,030.	3,030).	0.
		 	25 500	25 704		
Total			35,790.	35,790		0.
Worksheet 7 - Activities With Losses R	(a)	(b)	(c) Ratio	(d) Unallowed		(e) Allowed loss
Name of activity			Ratio	Ollanowed	1033	Allowed 1033
Name of activity Form or schedule and line number to be reported on (see instructions)		and the second		and the second of the second o		Lagrane services and
1 a Net loss plus prior year unallowed loss from form or schedule.						
b Net income from form or schedule ▶ c Subtract line 1b from line 1a. If zero or less,	enter -0-	·				a Karangan Labara Tanggaran
Form or schedule and line number to be reported on (see instructions)						
1 a Net loss plus prior year unallowed loss from form or schedule						
c Subtract line 1b from line 1a. If zero or less,	enter -0 ►					
Form or schedule and line number to be reported on (see instructions)						
1 a Net loss plus prior year unallowed loss from form or schedule						
c Subtract line 1b from line 1a. If zero or less,	enter -0 ►					
Form or schedule and line number to be reported on (see instructions) 1 a Net loss plus prior year unallowed loss		:				
from form or schedule	-					
c Subtract line 1b from line 1a. If zero or less,	enter -0►					
Total		0.	1.00)	0.	0.
Name of activity						
Form or schedule and line number to be reported on (see instructions)						
1 a Net loss plus prior year unallowed loss from form or schedule						
c Subtract line 1b from line 1a. If zero or less,	enter 0		ar regretation		120.2	
Form or schedule and line number to be reported on (see instructions)						
1 a Net loss plus prior year unallowed loss from form or schedule.						
b Net income from form or schedule b c Subtract line 1b from line 1a. If zero or less,	enter -0-		·-			
Form or schedule and line number to be reported on (see instructions)						
1 a Net loss plus prior year unallowed loss from form or schedule.						
b Net income from form or schedule	ontor C					
c Subtract line 1b from line 1a. If zero or less	enter -U		<u> </u>			
Form or schedule and line number to be reported on see instructions)						
1 a Net loss plus prior year unallowed loss from form or schedule.						
b Net income from form or schedule	antar O					•
c Subtract line 1b from line 1a. If zero or less		0.	1.00	- 	0.	0.